Welcome!

We will begin at 3:00 p.m. ET

Quarterly DOSE Peer-to-Peer Virtual Meeting

May 21, 2020

OD2A Technical Assistance Center

While We Are Waiting to Get Started

"What have you been doing for self-care during the pandemic?"

In the 'chat pod', feel free to enter your answer

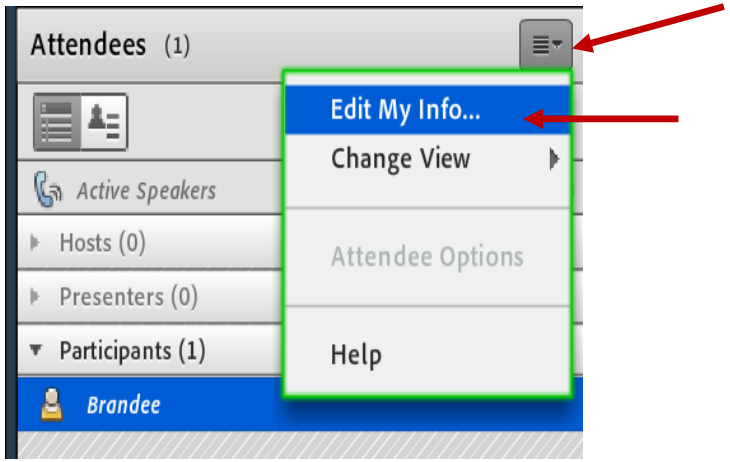
Quarterly DOSE Peer-to-Peer Virtual Meeting

May 21st, 2020
3:00-4:30pm Eastern Standard Time

OD2A Technical Assistance Center

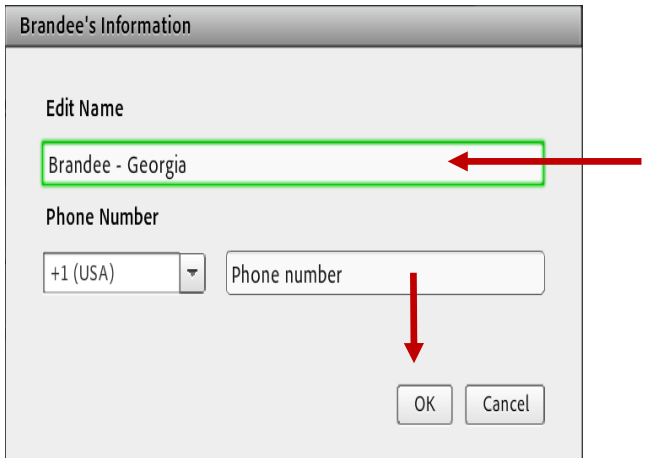
We want to know who's on the call

Follow the images below to enter your name and state/organization



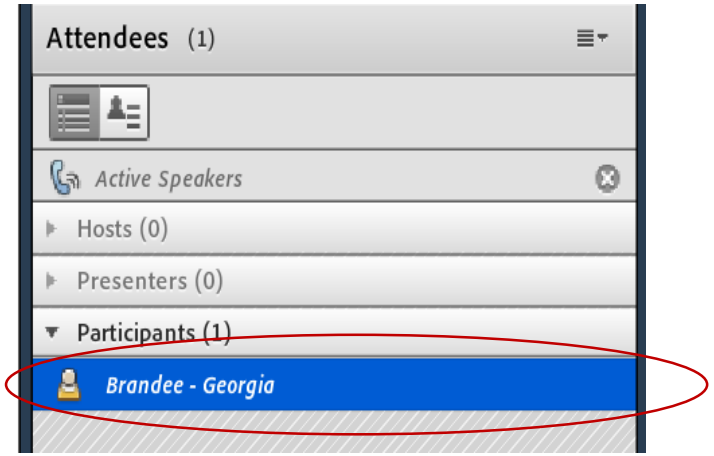
Step 1

Click the dropdown box from the attendee pod and select Edit My Info



Step 2

Include your name and state and click OK

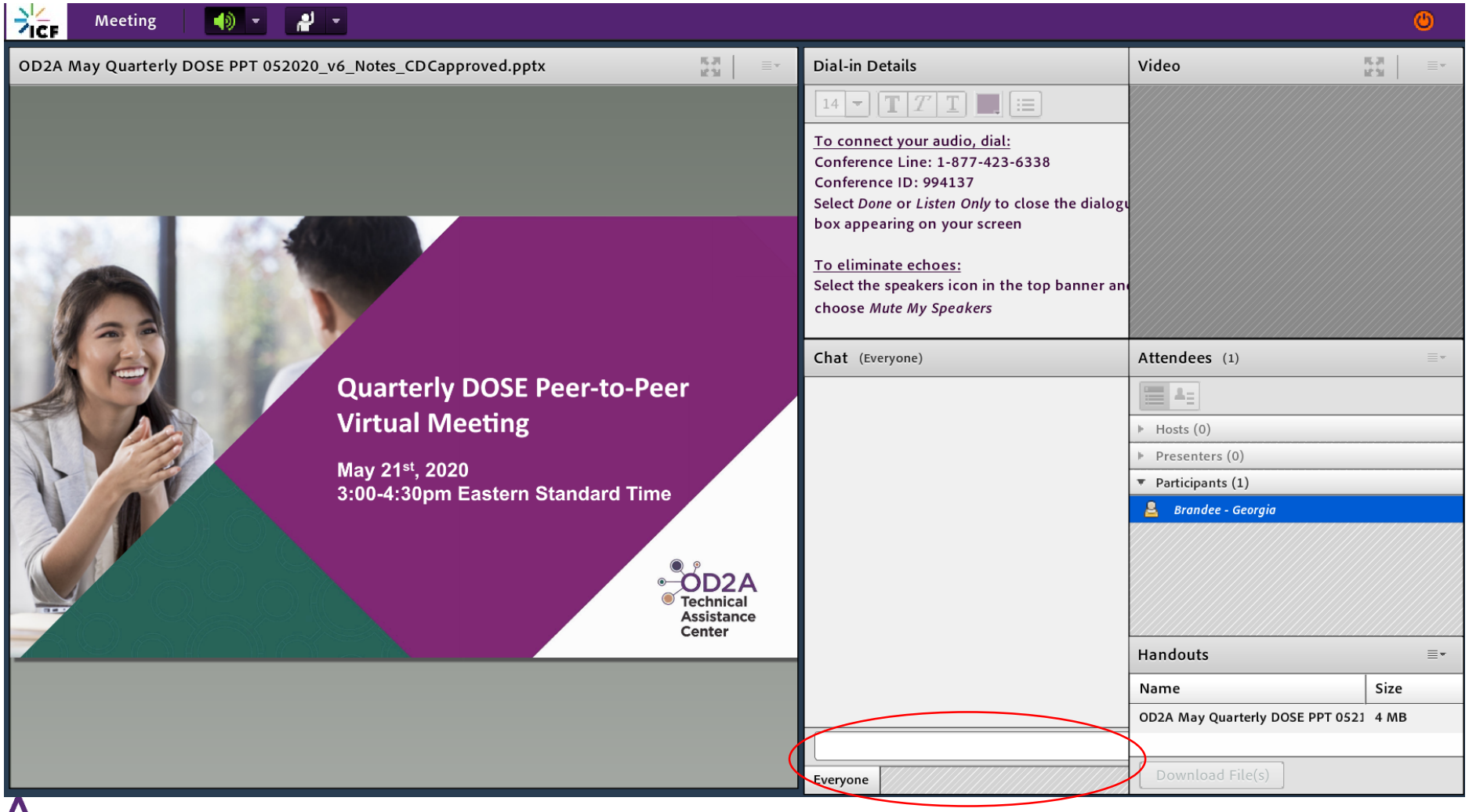


Step 3

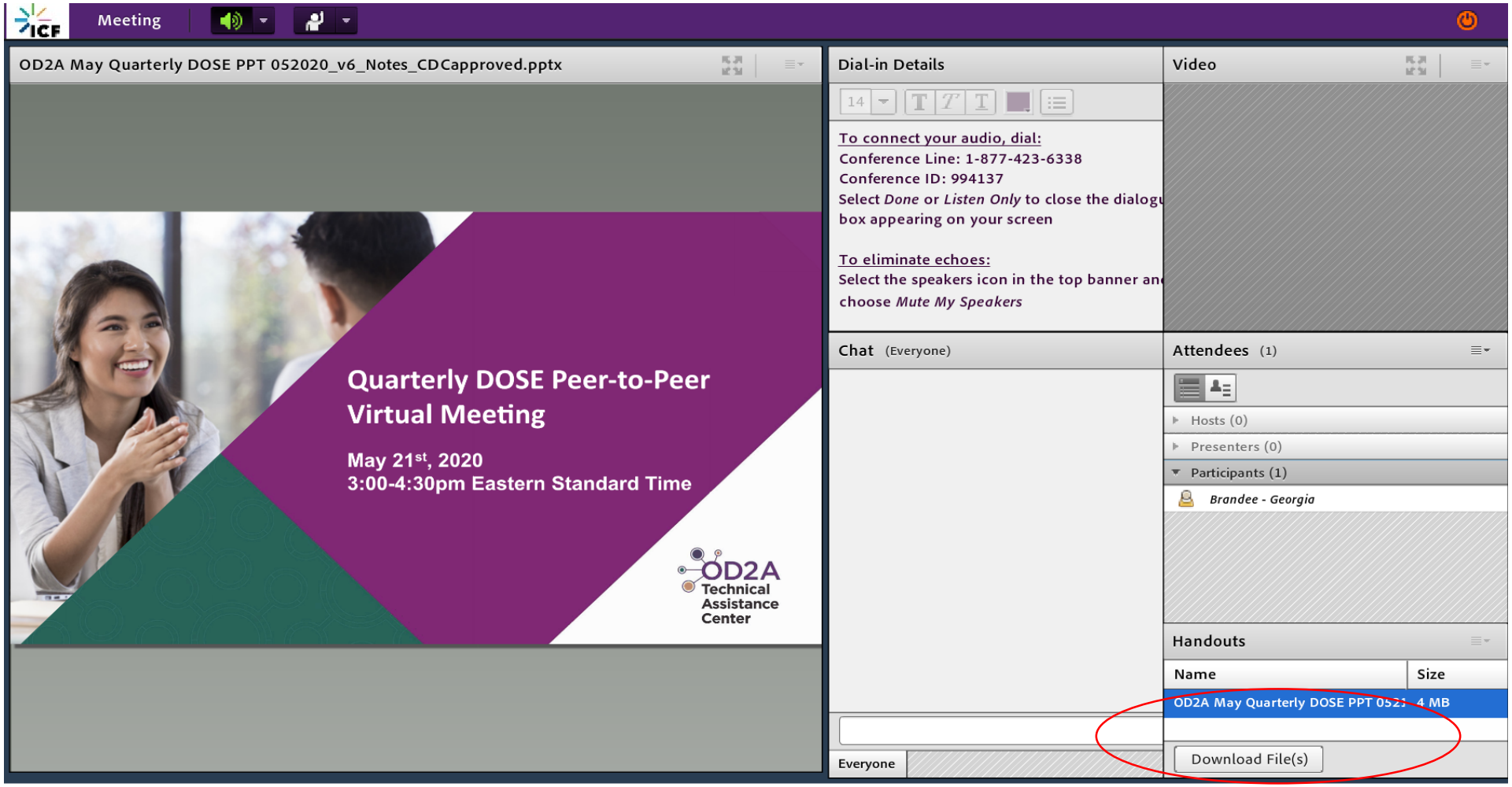
Scroll through the attendee list to see who else is on the call

OD2A Technical Assistance Center

Adobe Connect Platform

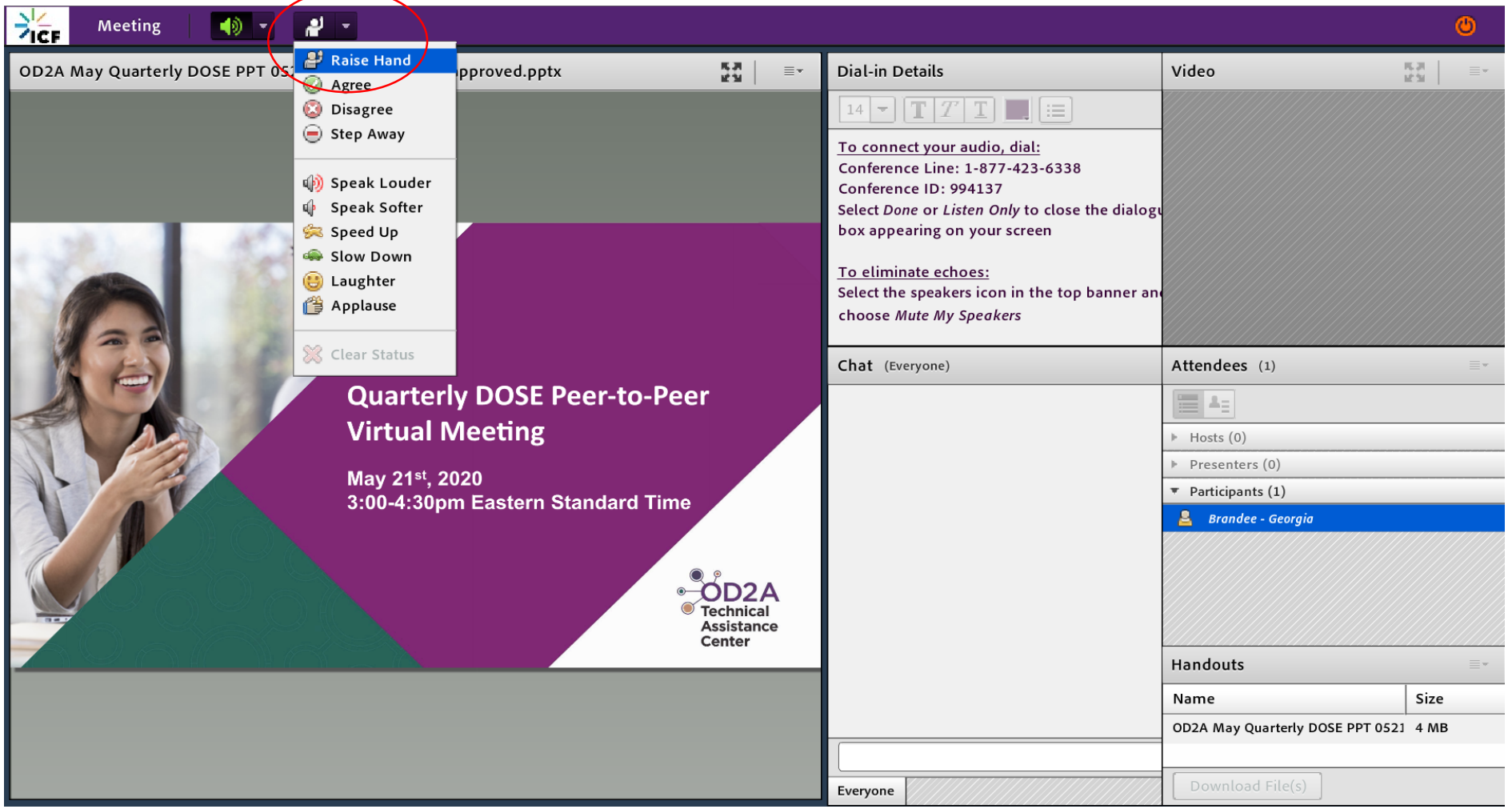


Adobe Connect Platform



OD2A Technical Assistance Center

Adobe Connect Platform



OD2A Technical Assistance Center

Group Norms

- This Peer Exchange belongs to you!
- Make Suggestions
- Ask Questions
- Be Present
- Enjoy Learning Together!

Raise your hand if you agree.

Type new/additional ones in the chat box.

Learning Objectives

Through participation, you will:

- Hear updates from DOP Staff specific to OD2A Strategy 1 DOSE work.
- Learn about innovative approaches from your peers on data dissemination and data to action.
- Share tips and strategies from peers on how to continue and advance your Strategy 1 DOSE work during COVID-19.

Today's Agenda

- Welcome and Introductions
- CDC Updates
- OD2A Peer Presentations
- Q&A Session on Peer Presentations
- COVID-19 Peer Discussion
- Wrap-up & Thank You

CDC Updates- Strategy 1

OD2A Technical Assistance Center

Overdose Data to Action (OD2A)

Drug Overdose Surveillance and Epidemiology (DOSE): May 2020 Quarterly Workgroup Meeting

Alana Vivolo-Kantor, PhD, MPH – Morbidity Overdose Team Lead
Stephen Liu, PhD, MPH – Health Scientist/Science Officer
Division of Overdose Prevention

Update from CDC

General updates and reminders on data submissions

- Tier 1 & Tier 2 monthly data and metadata ***always due 1st Monday of the month***
  - Disregard due dates in Partner's Portal (we allowed extra time for resubmissions)
- Make sure you are using Partner's Portal
  - Please do not use the SAMS upload folder or email data/metadata unless discussed with PO/SO
- Ensure correct month is written out
- Only include the county name in the "county_name" field (i.e., do not say "GA_Fulton" or "Fulton County", just use "Fulton")
- Do not include summary rows (e.g., out of state or unknown county)

Technical guidance updates

- Follow technical guidance, which will be uploaded and updated in the TA Hub
- Revisions are pending:
  - Addition of a SAS program and how-to document for the identification of our four indicators in syndromic data (e.g., a SAS program that mimics our ESSENCE pre-set queries)
  - Addition of an R program and how-to document for the identification of our four indicators in hospital discharge data (e.g., an R program that mimics our current SAS program)

Slight revision to process

- For May, June, and July submissions *no site report will be shared*
  - Needed to decrease burden on states
  - Gives CDC and the syndromic community time to determine best way to analyze data

- Data and metadata are still due unless discussed with PO/SO about delays

Results

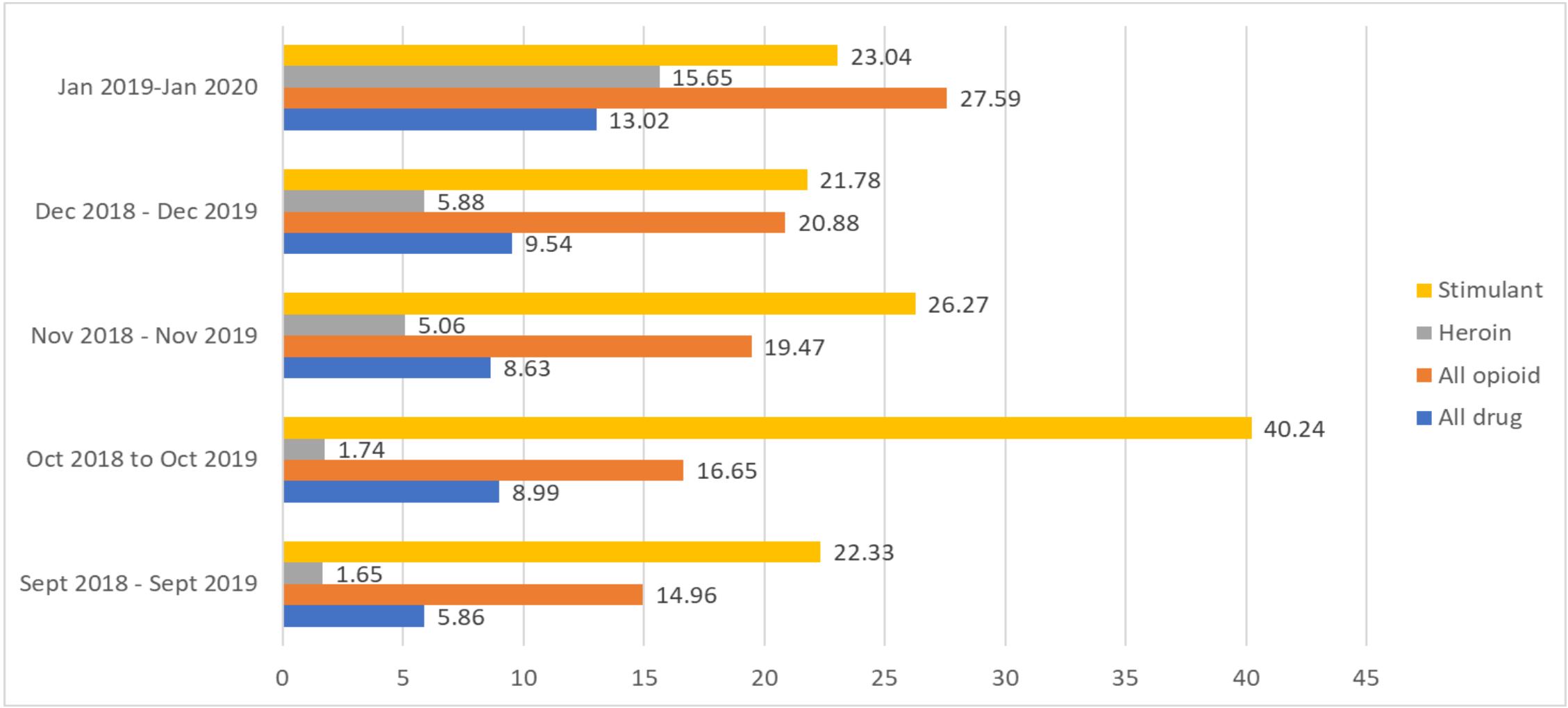
Metadata metrics

- ED visit coverage – *Mean*=90% (range = 70% to 100%)
- Number of facilities – *Mean*=79 facilities(overall = 3,161)
- Missing chief complaint text – *Mean*=2.6%
  - Median string length of chief complaint text – *Mean*=6.7 words
- Missing diagnosis codes – *Mean*=16.9%
  - Mean number of discharge diagnosis codes – *Mean*=3.9 codes
  - Maximum number of discharge diagnosis codes – *Mean*=62 codes

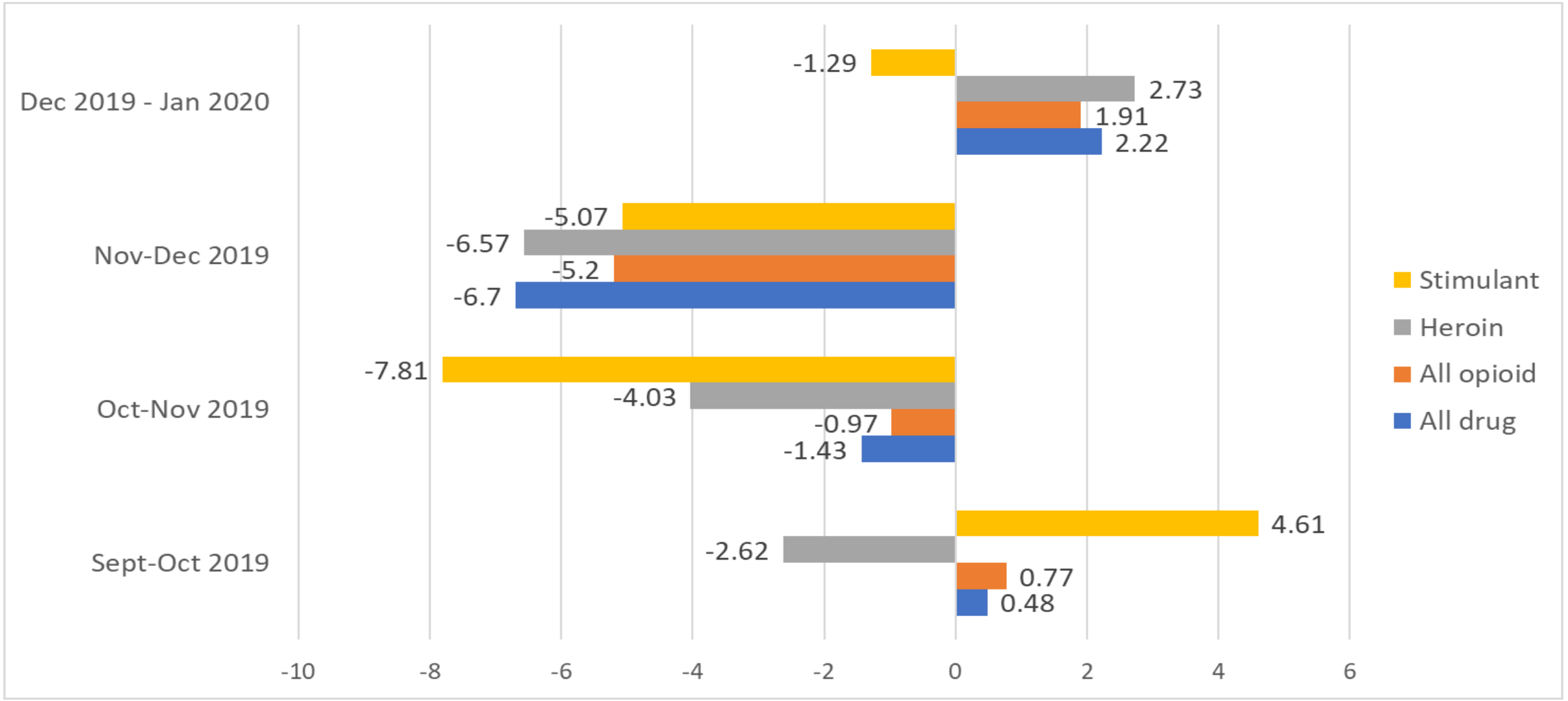
Website updates now live!

- https://www.cdc.gov/drugoverdose/data/nonfatal.html
- Updated DOSE information including tables for all four syndrome definitions
- New results from January 2018 to January 2020 for all four drug overdose indicators
  - Tile maps by state for January 2019 to January 2020 annual comparison
  - Annual and monthly % change for overall, by state, by sex, and by age group
- Downloadable CSV files with % change estimates
- Updated twice per year (April and October)

Annual Percent Change Results - Overall



Monthly Percent Change Results (last 6 mo.) - Overall



Syndromic Surveillance and Community Response

OD2A Technical Assistance Center

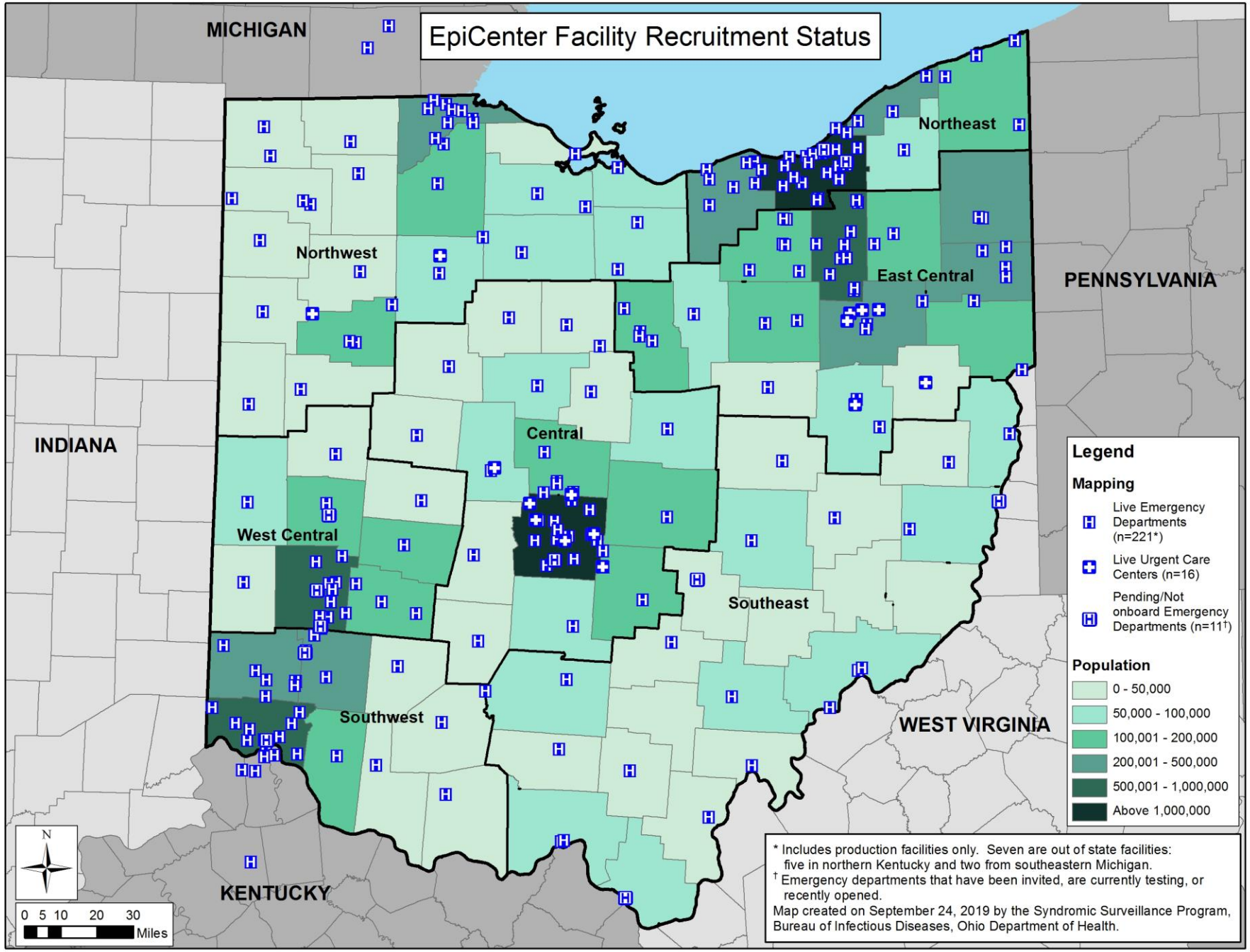
Syndromic Surveillance and Community Response

Ohio | Department of Health

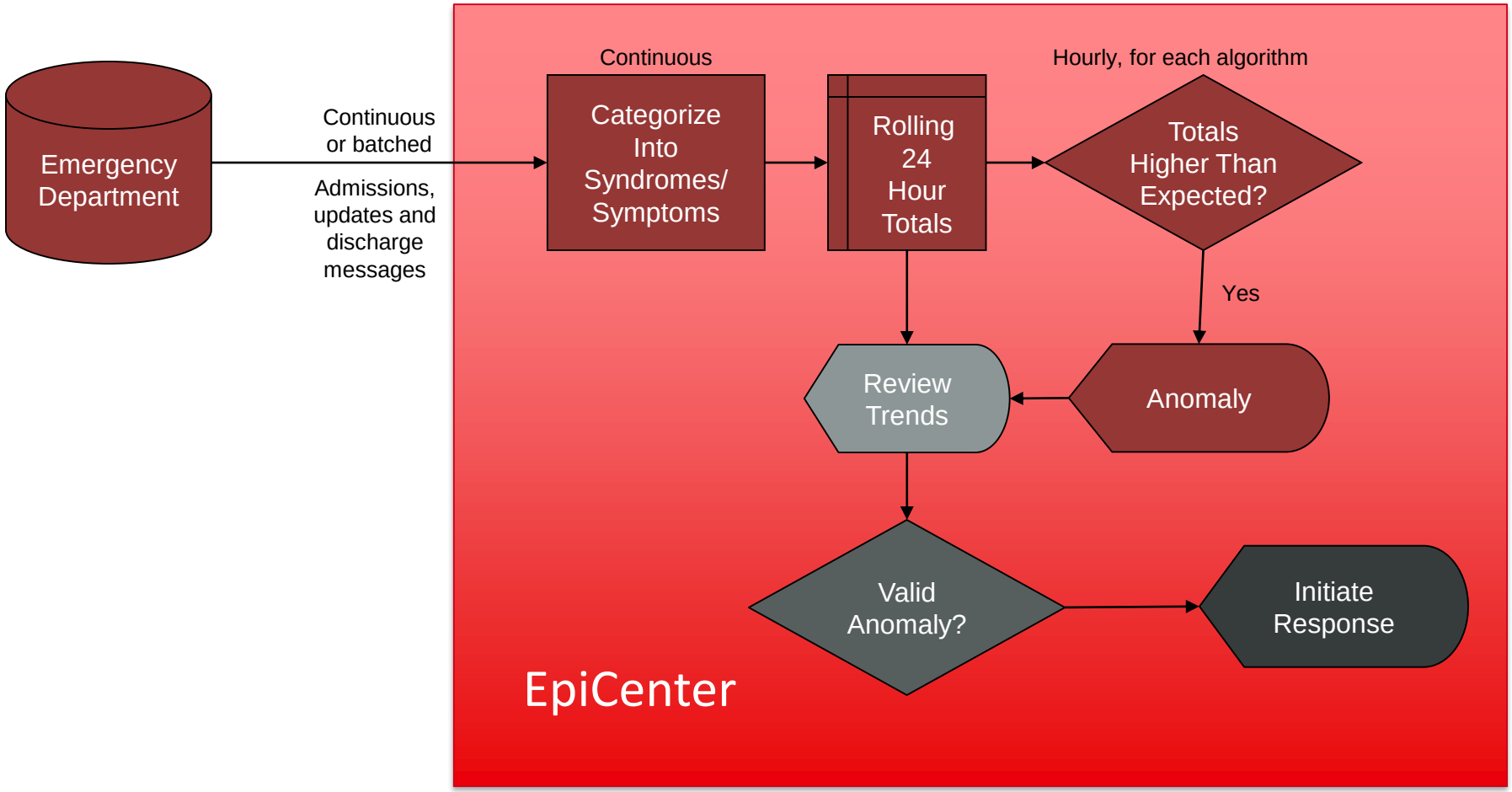
Kara Manchester
Violence and Injury Prevention Section
Ohio Department of Health

EpiCenter Transmitting Facilities

- Ohio gets data from 237 Emergency Departments and Urgent Care Centers
  - Voluntary participation
  - Includes 16 urgent care facilities
  - Estimated 95.1% (214/225) coverage rate of all emergency departments in Ohio
  - Cross-jurisdiction data feeds: MI (2), KY (5)
- Data transmission in near real-time or batched


EpiCenter Facility Recruitment Status
MICHIGAN
INDIANA
KENTUCKY
WEST VIRGINIA
PENNSYLVANIA
Northwest
Northeast
East Central
Central
West Central
Southeast
Southwest
Legend
Mapping
Live Emergency Departments (n=221*)
Live Urgent Care Centers (n=16)
Pending/Not onboard Emergency Departments (n=11†)
Population
0 - 50,000
50,000 - 100,000
100,001 - 200,000
200,001 - 500,000
500,001 - 1,000,000
Above 1,000,000
N
0 5 10 20 30
Miles
* Includes production facilities only. Seven are out of state facilities: five in northern Kentucky and two from southeastern Michigan.
† Emergency departments that have been invited, are currently testing, or recently opened.
Map created on September 24, 2019 by the Syndromic Surveillance Program, Bureau of Infectious Diseases, Ohio Department of Health.

Syndromic Surveillance Data System Flow Chart



EpiCenter Users

- Public Health
  - Local
  - State
  - Provide aggregate data to federal / CDC colleagues
- Other
  - Hospital
  - Poison Control Center

Syndromic Surveillance for Suspected Drug Overdose

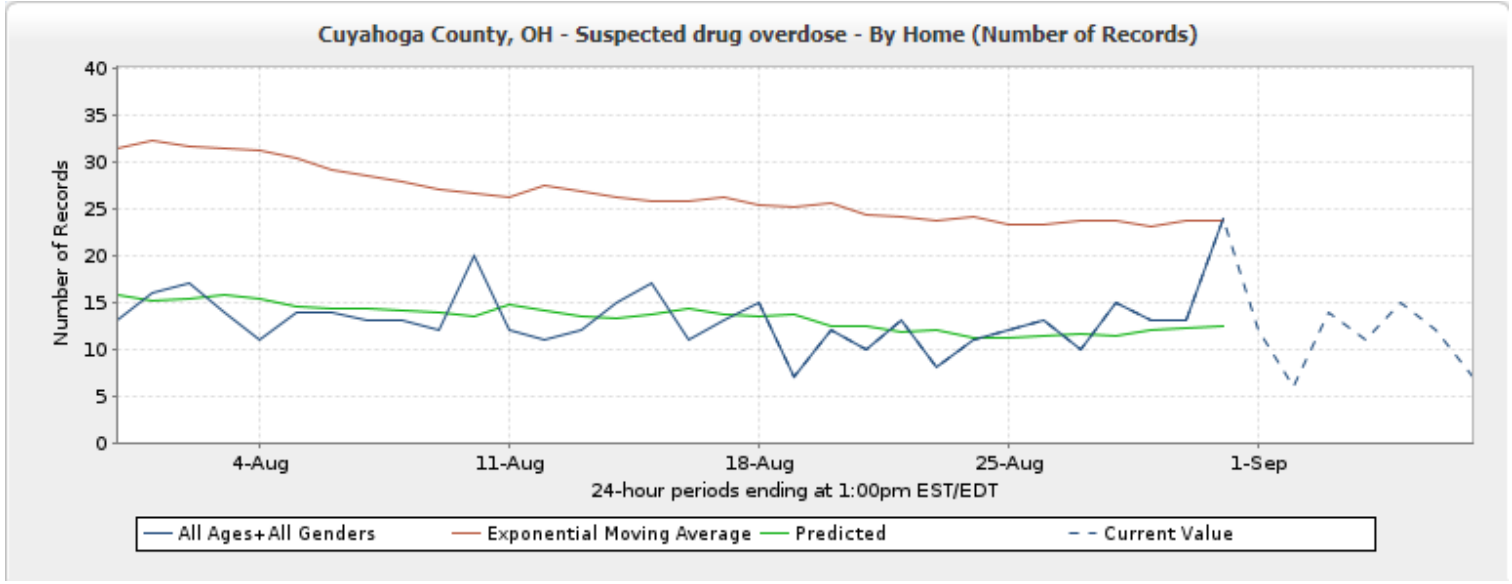
1. Anomaly detection
2. Monitor and identify trends

Ohio Drug Anomaly Detection Methods in EpiCenter

- Group 1: Constant Threshold of 5. If 5 or more suspected drug overdose encounters are detected in a 24-hour period, an anomaly will be triggered.
- Group 2: Constant Threshold of 8. If 8 or more suspected drug overdose encounters are detected in a 24-hour period, an anomaly will be triggered.
- Group 3: Analysis Methods – Exponential Moving Average (EMA), CuSum EMA, Recursive Least Squares (RLS), Moving Average (MA), Poisson; and must have a minimum of 8 encounters.

Group	Counties	Threshold
Group 1	Adams, Ashland, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clinton, Coshocton, Crawford, Darke, Defiance, Delaware, Fayette, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Jefferson, Knox, Lawrence, Logan, Madison, Meigs, Mercer, Monroe, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Preble, Putnam, Sandusky, Seneca, Shelby, Tuscarawas, Union, Van Wert, Vinton, Washington, Williams, Wood, Wyandot	5
Group 2	Allen, Ashtabula, Clermont, Columbiana, Erie, Fairfield, Greene, Huron, Licking, Marion, Medina, Miami, Muskingum, Portage, Ross, Scioto, Warren, Wayne	8
Group 3	Clark, Lake, Lorain, Lucas, Mahoning, Richland, Stark, Trumbull, Butler, Franklin, Summit, Cuyahoga, Hamilton, Montgomery	Analysis Methods with a minimum of 8 encounters CuSum, EMA, RLS, MA, Poisson

Example of an EpiCenter Alert for Suspected Drug Overdose

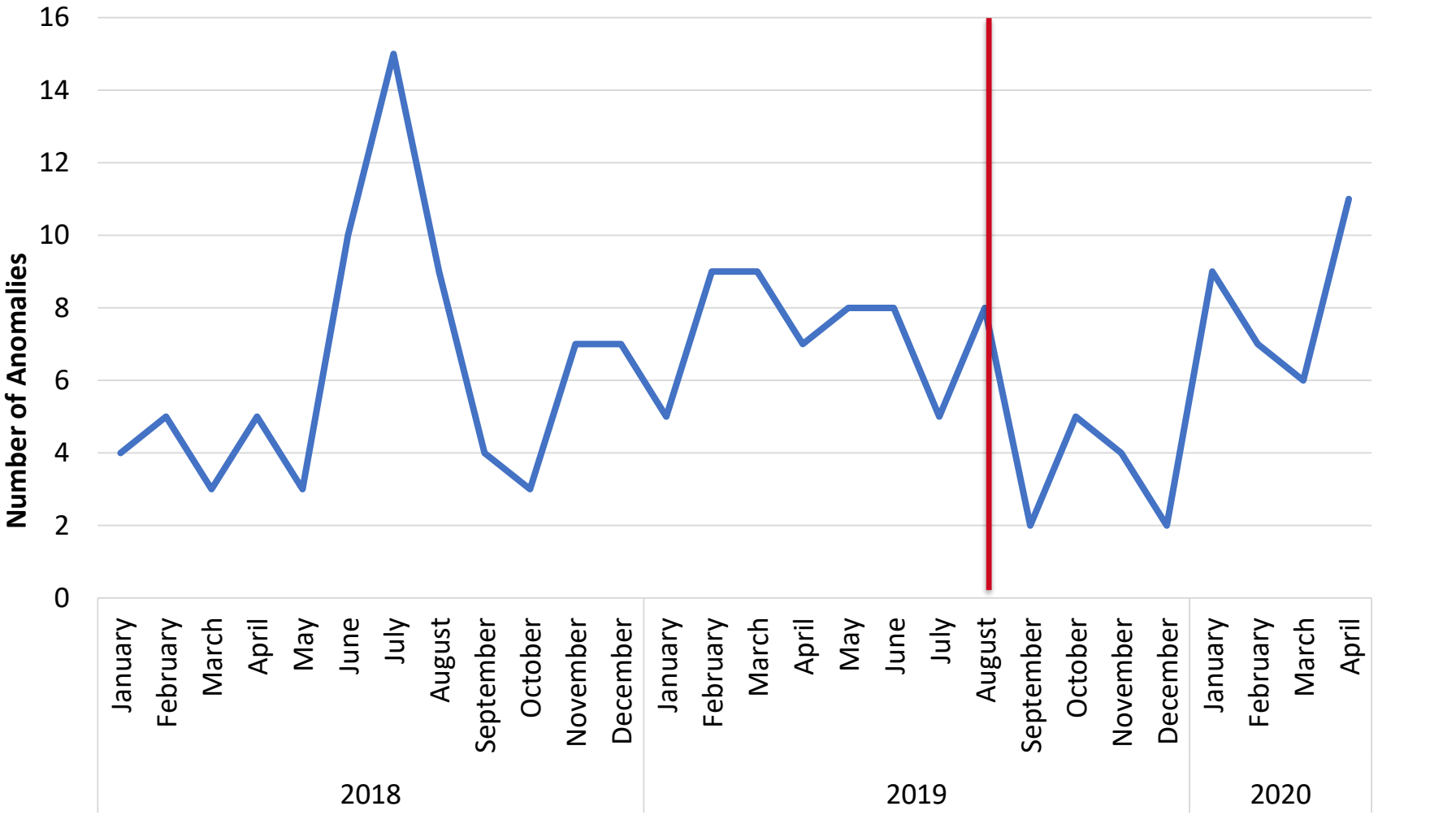


- Blue line - observed encounters
- Green line - predicted daily encounters
- Red line - four standard deviation threshold

Ohio | Department of Health

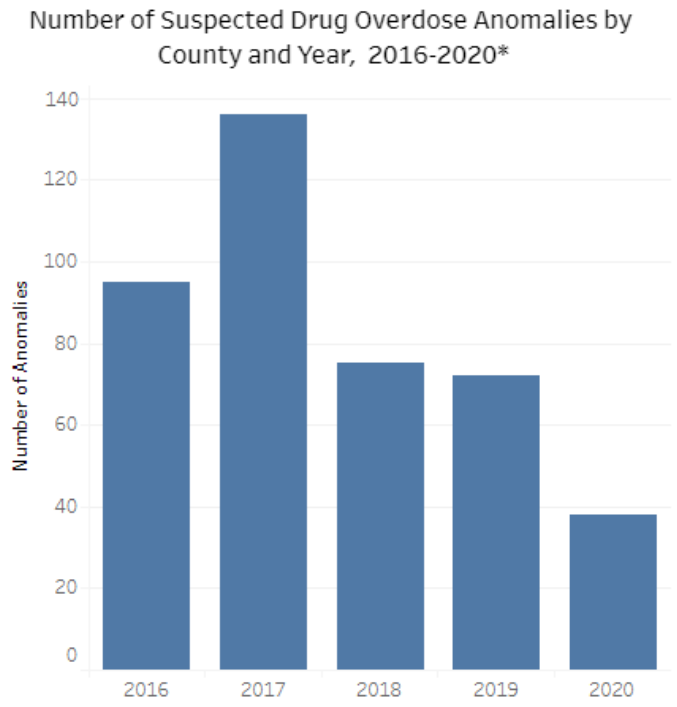
EpiCenter Anomalies by Month, Ohio, 2018-2020*

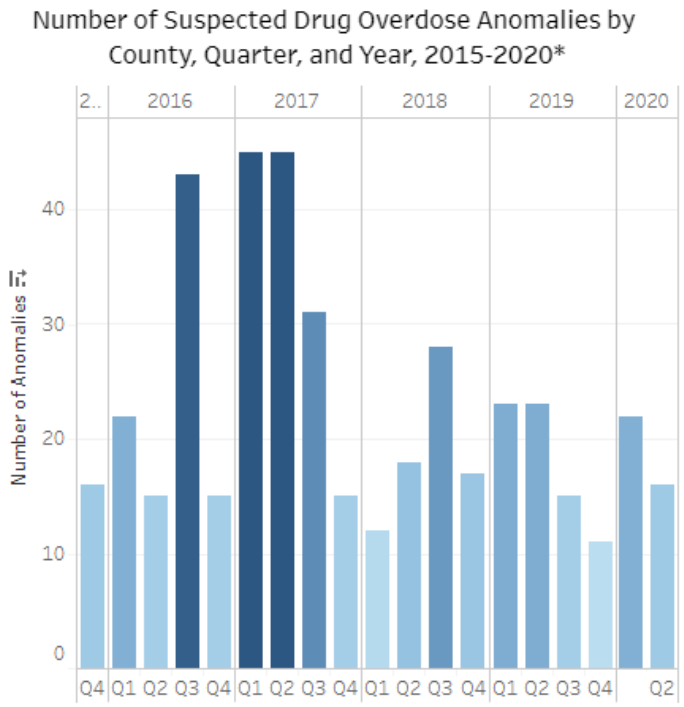
New suspected overdose classifier in EpiCenter began August 2019

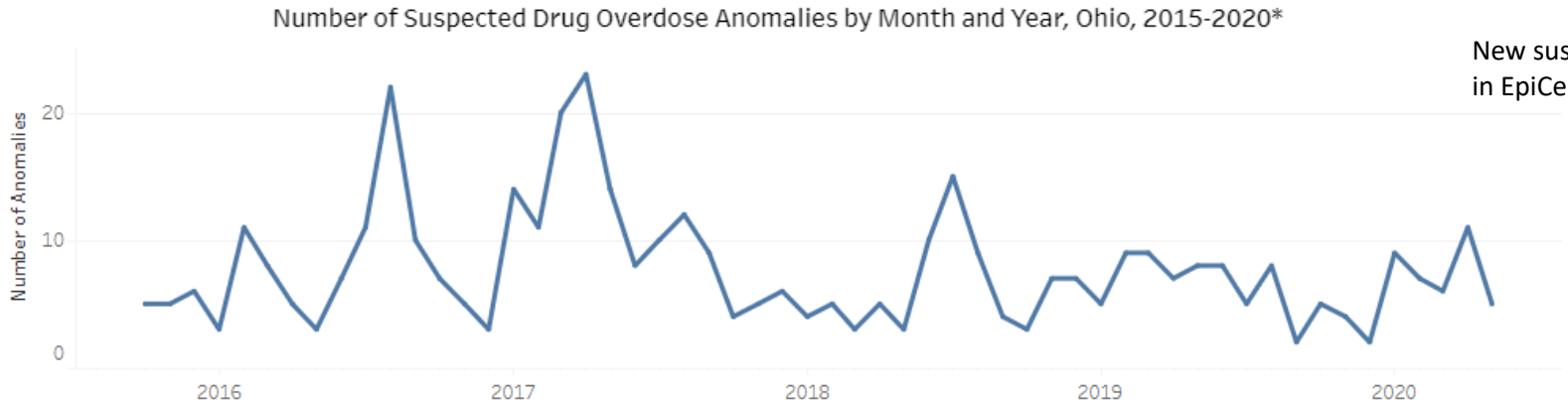


Data Source: EpiCenter Syndromic Surveillance System

EpiCenter Anomalies - Internal Dashboard



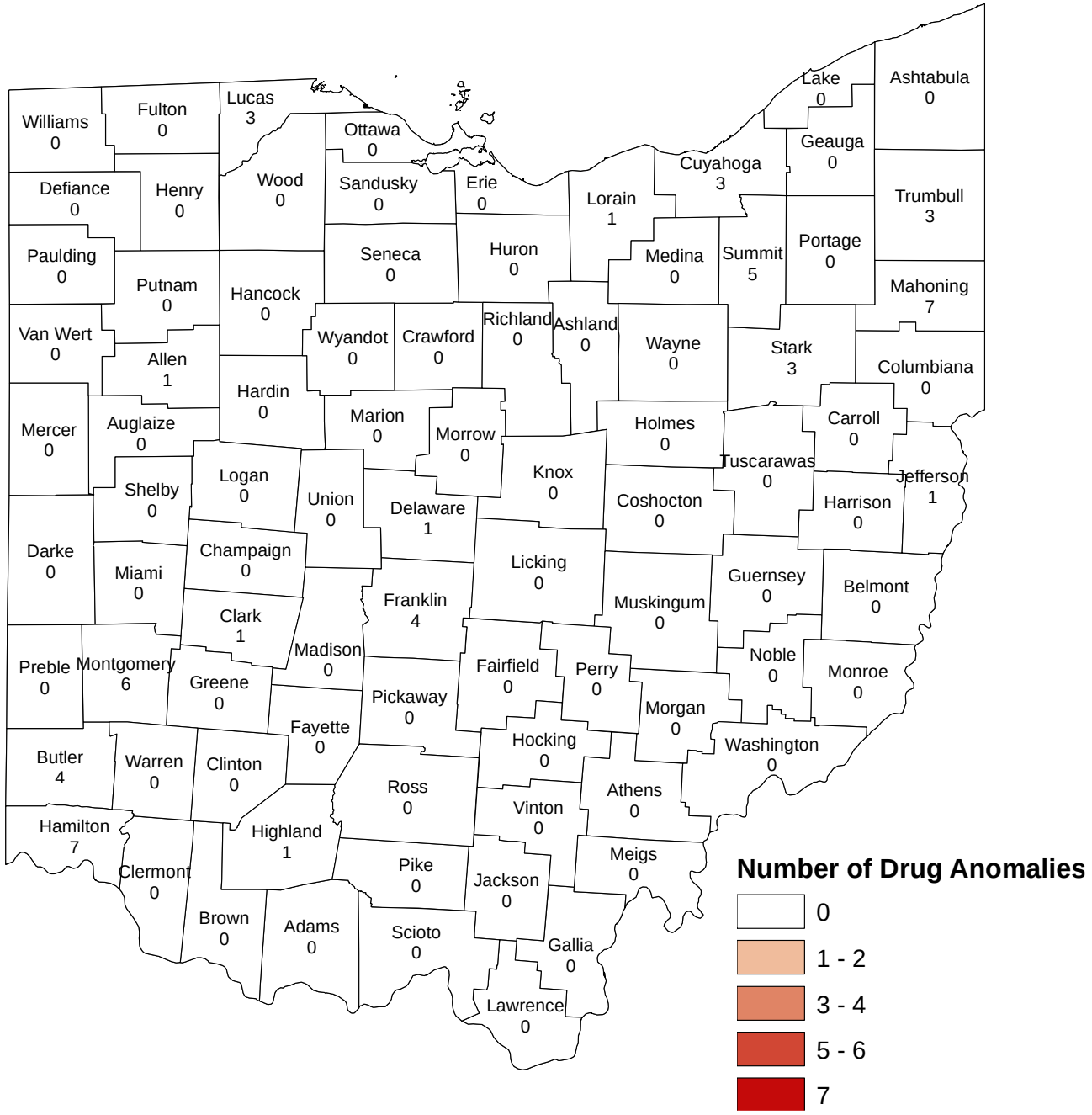




New suspected overdose classifier in EpiCenter began August 2019

Source: ODH EpiCenter Syndromic Surveillance System. Analysis: ODH Violence and Injury Prevention Section.
*Monitoring of EpiCenter suspected drug overdose anomalies began in September 2015. 2020 data collection is ongoing.

Number of Drug Anomaly Alerts by County, Ohio September 2019-May 11, 2020

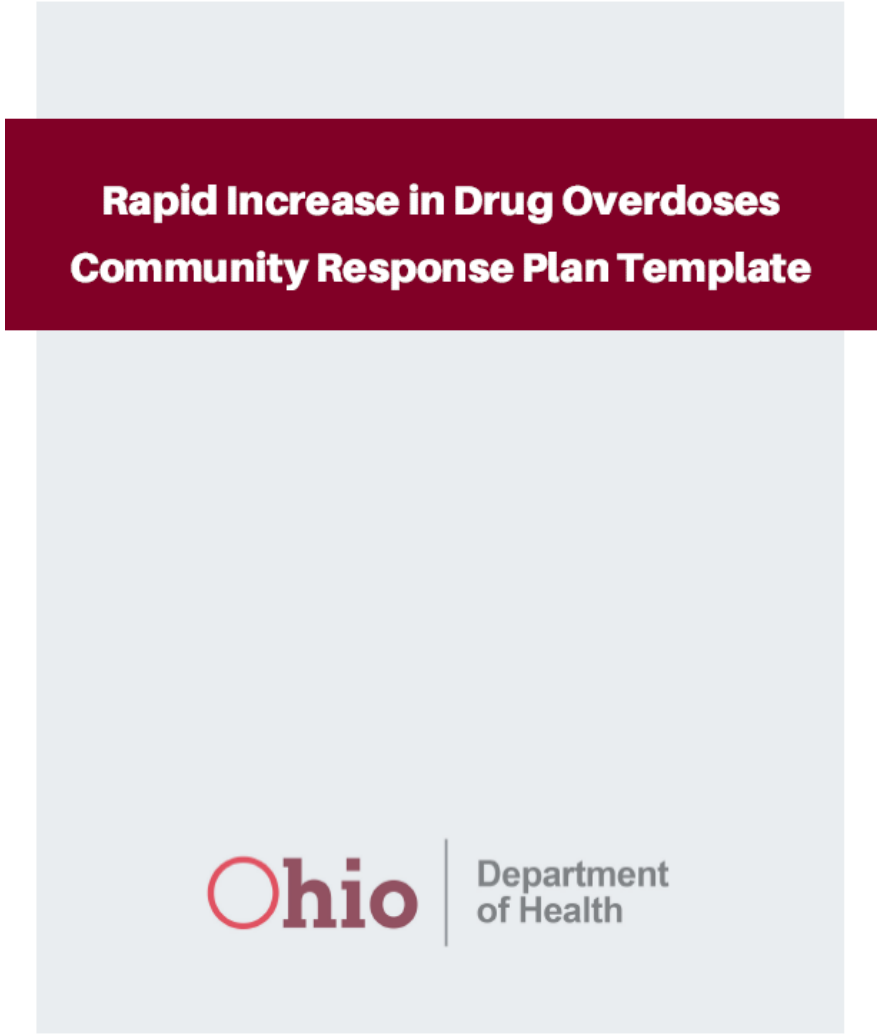


Anomaly Detection for Suspected Drug Overdose

When an anomaly is detected:

- Email notification is automatically sent to local and state public health EpiCenter users
- Local Health Department (LHD)
  - investigates and verifies the alert
  - initiates a response, if appropriate
- Ohio Department of Health
  - sends a survey to the impacted LHD to capture the local verification and response to the alert
  - sends an email to state partners notifying them of the alert and summarizes the response conducted by the LHD and their partners (e.g. coroners, EMS, law enforcement)

Community Response Plan Template



- Information Sharing
- Definitions
- Monitoring
- Alert Analysis
- Partner Roles & Responsibilities
- ODMAP

Community Response Plan Template - Alert Analysis

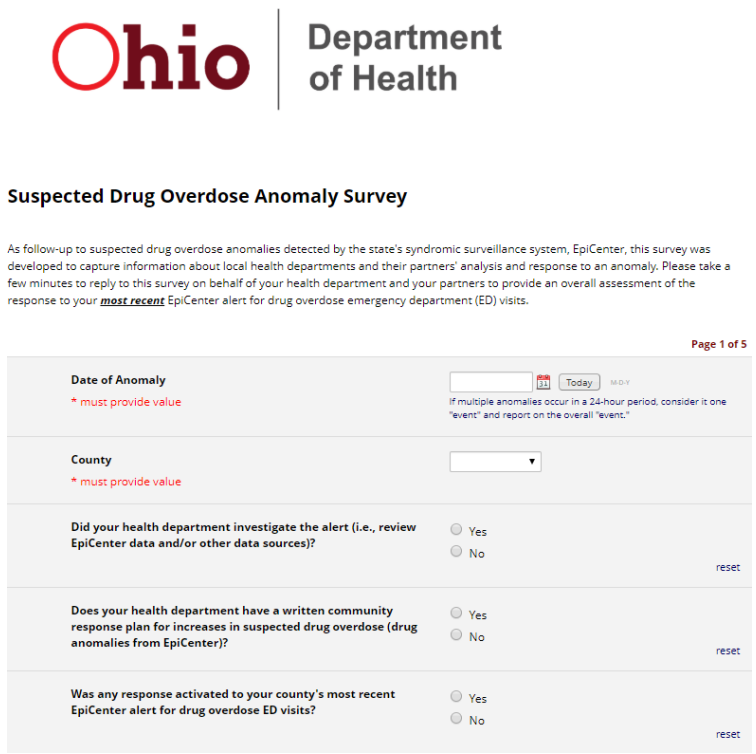
- From EpiCenter
  - Login to EpiCenter and initiate investigation by reviewing the patient details in the anomaly to assess the chief complaint in the Reason field, the discharge codes (if available), as well as longitudinal visits to the same emergency department or healthcare system to validate if the ED visit may be related to a drug overdose. An EpiCenter Report titled Anomaly: Patient Details – Acute Care Interaction EpiCenter can be used to obtain additional information about the visit such as triage notes. Ideally, complete data on encounters should be reviewed or acquired.
  - Review of the anomaly would include:
    - Identification of duplicate encounters of individuals
    - Identification of the number of overdose cases and type
    - Confirmation that the ED visit was related to a suspected drug overdose
  - If available collaborate with other data sources and partners (EMS, ED's, coroner/Medical Examiner)
- In Epicenter there are several additional ways to assess the alert.
  - There are three customizable dashboards that can be accessed.
    - Ohio Basic Opioid Dashboard: This shows statewide trend data
    - Ohio County-Level Dashboard: This shows demographic and zip code level county data
    - Ohio Enhanced Dashboard: This shows statewide data, maps, and different drug types involved in the suspected overdoses.

Key Partners for Community Response

- Local health department
- ADAMH boards/Mental Health and Recovery Services Board
- Local law enforcement
- County jails
- Local media
- Project DAWN
- Hospital ED
- County coroner's office
- Pharmacies providing Naloxone without Script
- Emergency management agencies
- Physicians/health systems
- Schools/universities

Suspected Drug Overdose Anomaly Alert Survey

- Local verification of anomaly
- Communication with other local agencies and community partners
- Novel or emerging concerns related to anomaly
- Need for naloxone and other state assistance
- Community response activation



Ohio | Department of Health

Suspected Drug Overdose Anomaly Survey

As follow-up to suspected drug overdose anomalies detected by the state's syndromic surveillance system, EpiCenter, this survey was developed to capture information about local health departments and their partners' analysis and response to an anomaly. Please take a few minutes to reply to this survey on behalf of your health department and your partners to provide an overall assessment of the response to your ***most recent*** EpiCenter alert for drug overdose emergency department (ED) visits.

Page 1 of 5

Date of Anomaly
* must provide value

Today M-D-Y

If multiple anomalies occur in a 24-hour period, consider it one "event" and report on the overall "event."

County
* must provide value

Did your health department investigate the alert (i.e., review EpiCenter data and/or other data sources)?
Yes
No
reset

Does your health department have a written community response plan for increases in suspected drug overdose (drug anomalies from EpiCenter)?
Yes
No
reset

Was any response activated to your county's most recent EpiCenter alert for drug overdose ED visits?
Yes
No
reset

Example Table Sent to State Partners following Anomalies

EpiCenter Anomalies for Suspected Drug Overdose ED Visits from 5/2/2020 - 5/8/2020

Status	Date of Anomaly	County	# of ED Visits	Predicted # of Visits[1]	Alert Threshold[2]	Community Response[3]
New	5/7/2020	Delaware	6	N/A	CT: 5	Delaware-Morrow Mental Health and Recovery Services Board is alerting stakeholders and gathering relevant information from law enforcement and healthcare providers. Delaware General Health District did not require assistance or additional naloxone from ODH.
Previously Reported	5/3/2020	Trumbull	8	2.5	7.96	Trumbull County Combined Health District (TCCHD) alerted local stakeholders in their community response plan to the recent increases in suspected drug overdoses and instructed them to contact the health department if they were in need of naloxone. TCCHD assessed the need for naloxone among law enforcement and substance use treatment centers. TCCHD did not require assistance or additional naloxone from ODH.
Previously Reported	5/2/2020	Franklin	32	17.76	30.07	Columbus Public Health in coordination with Franklin County Public Health activated post-overdose response teams, provided direct outreach to people who use drugs with harm reduction messaging, and sent out a public announcement. In the public announcement, they provided information on resources and support, including mail order naloxone. They did not require assistance or additional naloxone from ODH.
Previously Reported	5/2/2020	Allen	9	N/A	CT: 8	Allen County Public Health is continuing to monitor the situation but is not initiating a response at this time. They did not require assistance or additional naloxone from ODH.
Previously Reported	5/2/2020	Lucas	13	4.7	12.81	Toledo-Lucas County Health Department (TLCHD) assessed the need for naloxone at Project DAWN and substance use treatment center locations. They supplied treatment centers with additional naloxone. TLCHD also sent out a public announcement and provided direct outreach to people who use drugs with harm reduction messaging. They did not require assistance or additional naloxone from ODH.

1. N/A: Predicted number of visits is not calculated when the alert detection method is a constant threshold.
2. CT = Constant Threshold. For most counties, a detection method with a constant threshold of 5 or 8 is used. When the number of suspected drug overdose encounters is equal or above the threshold in a 24-hour period, an anomaly is triggered.
3. Local Health Departments will submit their community responses to individual anomalies via a survey. This table will be updated as responses are received.

Ohio Suspected Drug Overdose Weekly Summary Report

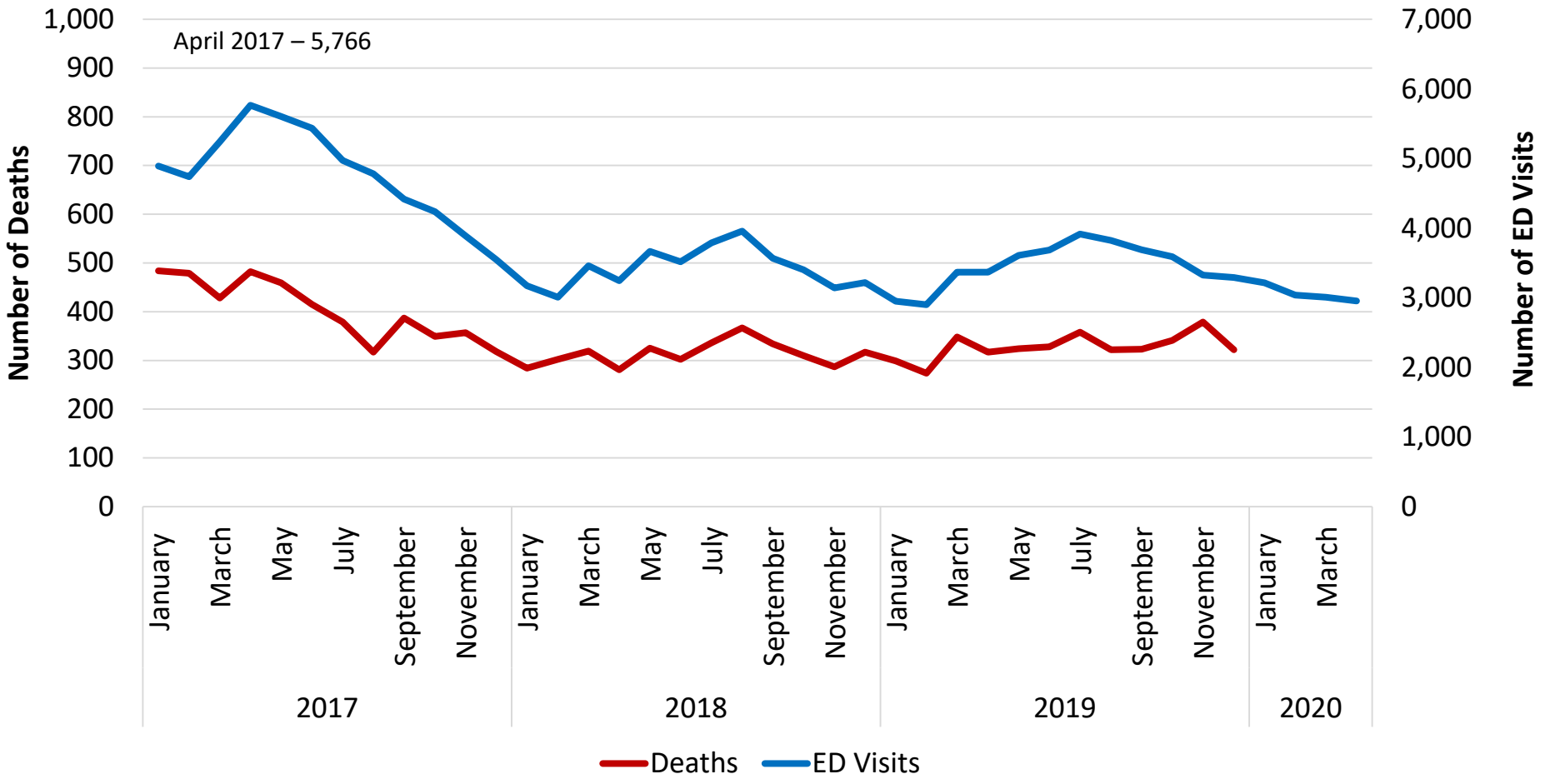

Ohio Emergency Department Suspected Drug Overdose Summary

Reporting Period Ending: September 7, 2019

Created Date: September 9, 2019

- An automated report is generated every Monday capturing ED visits for suspected drug overdoses that occurred through the previous Saturday
- The report contains trends, geographic and demographic information and summary statistics
- The weekly report is sent to state partners and they can share it with their partners

Number of Unintentional Drug Overdose Deaths and Suspected Drug Overdose ED Visits by Month, Ohio, 2017-2020*



Data Source: ODH Vital Statistics and EpiCenter Syndromic Surveillance System

Interactive Dashboards

- Available to EpiCenter Users
  - Basic
  - Enhanced
  - County-level
- Publicly Available
  - Statewide and county of residence data for ED visits for suspected drug overdose
  - https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/suspected-od-dashboard2

Illinois State-Local Health Department Partnership for Data-Driven Response to Acute Opioid Overdoses

OD2A Technical Assistance Center

Illinois State-Local Health Department Partnership for Data-Driven Response to Acute Opioid Overdoses

DOSE meeting

Stacey Hoferka, MPH, MSIS
Illinois Department of Public Health
Special Projects Epidemiologist

May 21, 2020

Background

- Funded 10 Local Health Departments (LHD)
  - Began during Crisis Funding in 2017
- Participating Counties

Chicago Department of Public Health	Tazewell County Health Department
LaSalle County Health Department	Peoria City / County Health Department
Kane County Health Department	Whiteside County Health Department
Lake County Health Department	Champaign-Urbana Health Department
McHenry County Health Department	Winnebago County Health Department

- Mandatory reporting in syndromic
  - Cause
  - Demographics
  - Antagonist used in ED
  - Hospitals conduct independent validation of syndromic data

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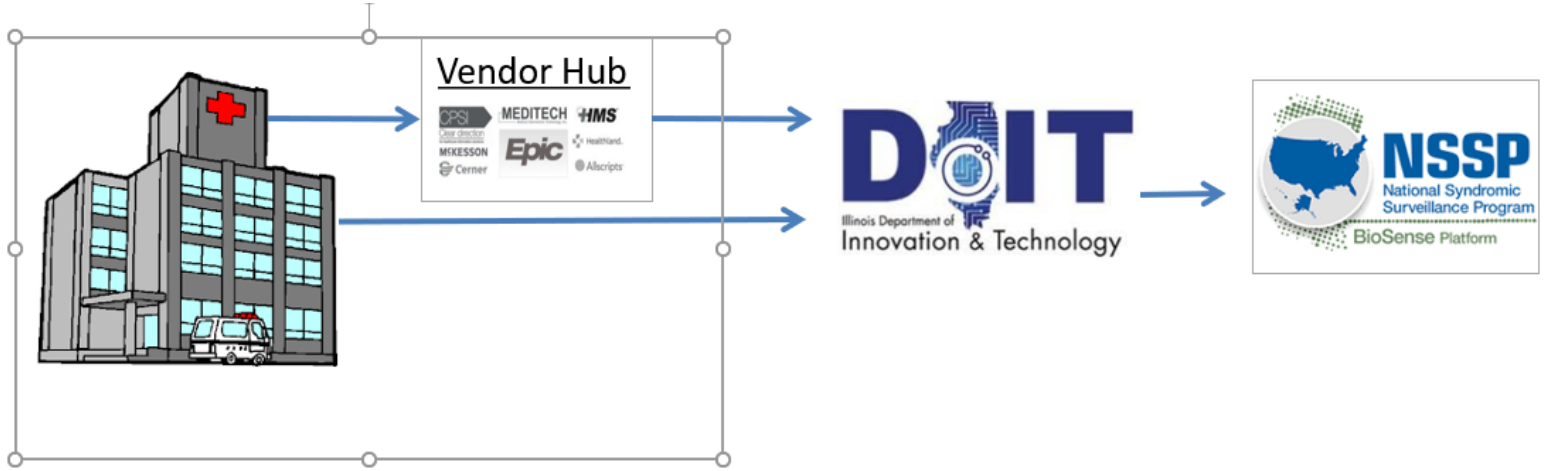
Illinois Syndromic Surveillance

- Syndromic Surveillance in Illinois is…
  - Emergency Department visitsHealthcare encounter data (Emergency department visits, inpatient, urgent care, outpatient)
  - 185 acute care EDs are sending data to IDPH + 3 free standing EDs
  - About 16,000 Emergency visits/day
  - Feeds every 15 minutes-many sites near real-time
  - Some sites have a lag in visits-most are received within 48 hours
  - *** near real time is not immediate. Processing can delay activity for a day typically
  - Other Early, non-diagnostic data include EMS, Poison Control…



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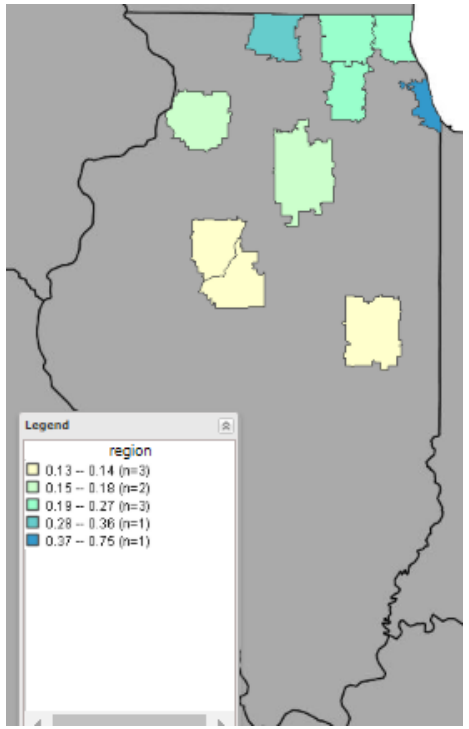
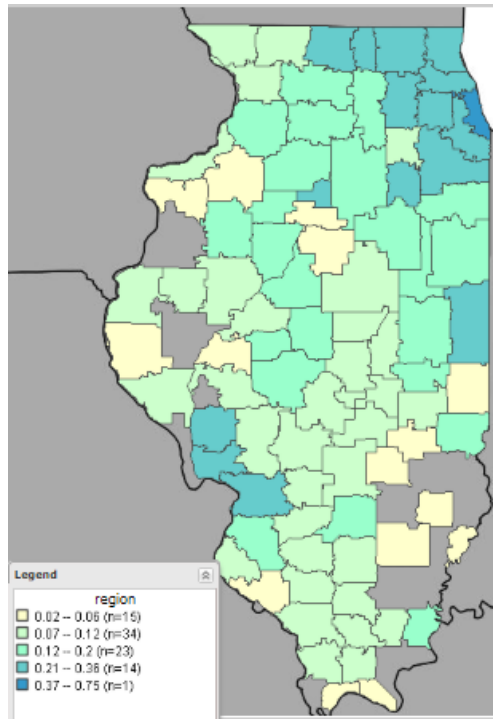
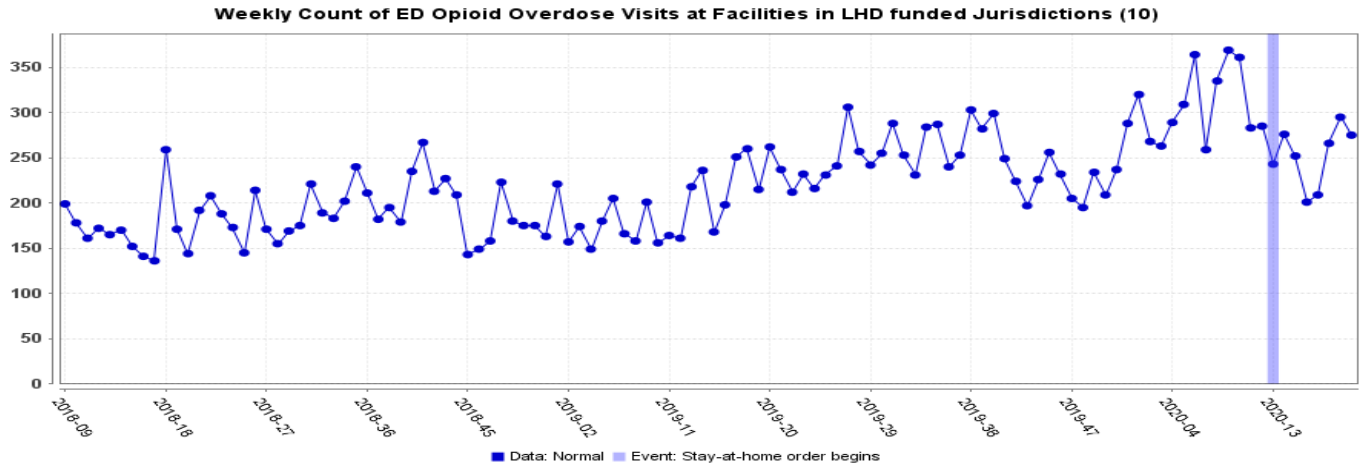
2019 Burden of Opioid Overdoses seen in ED

2019 Opioid Overdose Representation	ED visits	Percent
Illinois	41,884	---
LHD (10) grantees	25,681	61.3%
Chicago	20,851	81.3%







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Grant - Deliverables

Lead	• Have at least one Surveillance Lead/Point of Contact
Access	• Have 1+ staff with access to ESSENCE/BioSence Platform • Training-self taught and webinar attendance
Alert	• Set 5 alerts • Customize and use dashboards additionally
Partner	• Engage Existing in Collaborations • Expand Representation
Plan	• Customize IDPH template for Local needs • Incorporate Disease Transmission Prevention Initiatives (2)
Investigate	• Use Outbreak Response Module to Report Summary details of LHD response to an increase or cluster

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Grant – Results First Year

Lead	• All 10 have 1 primary opioid overdose surveillance person • 70% have at least 3 points of contact
Access	• staff with access ESSENCE/BioSence Platform • 46 attendees at annual in-person training
Alert	• 33 Alerts set up by LHDs
Partner	• Range of reported partners 1-61 • Median = 8
Plan	• Draft LHD plans shared by 3
Investigate	• Not yet operational

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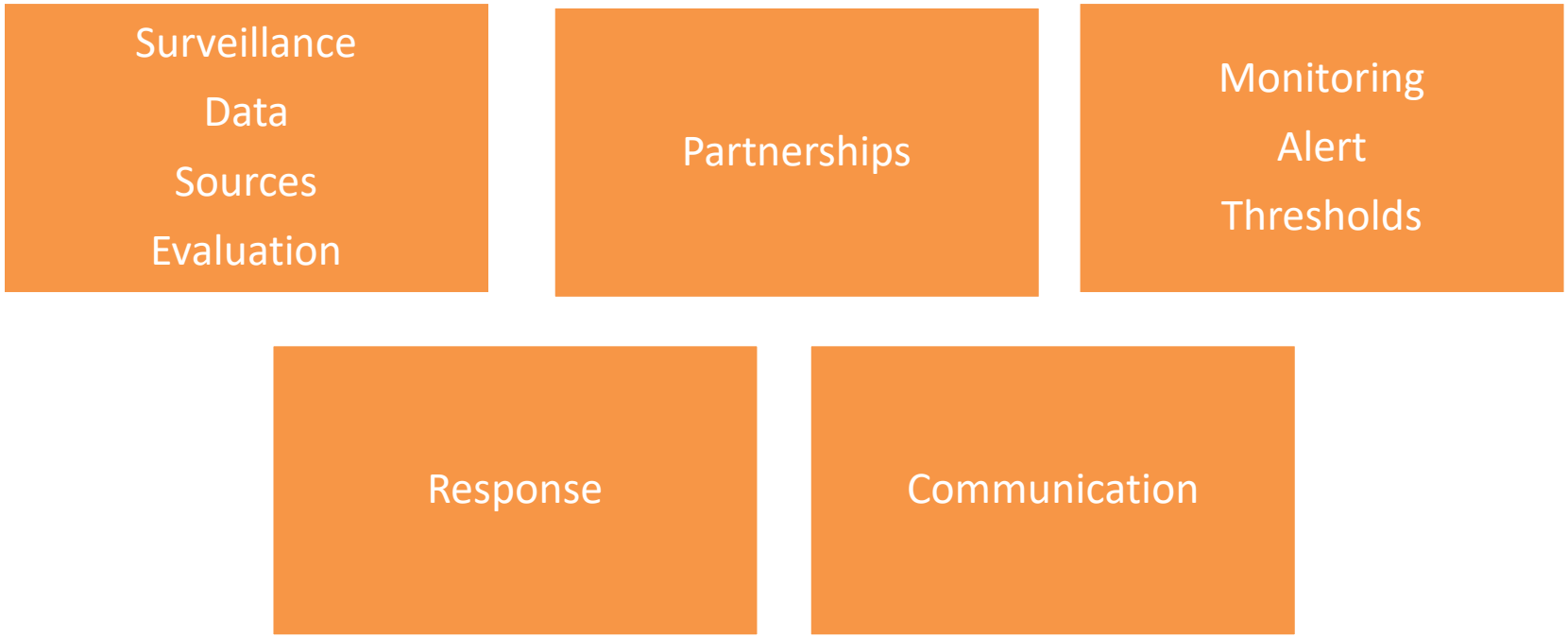
Acute Response Plan Components



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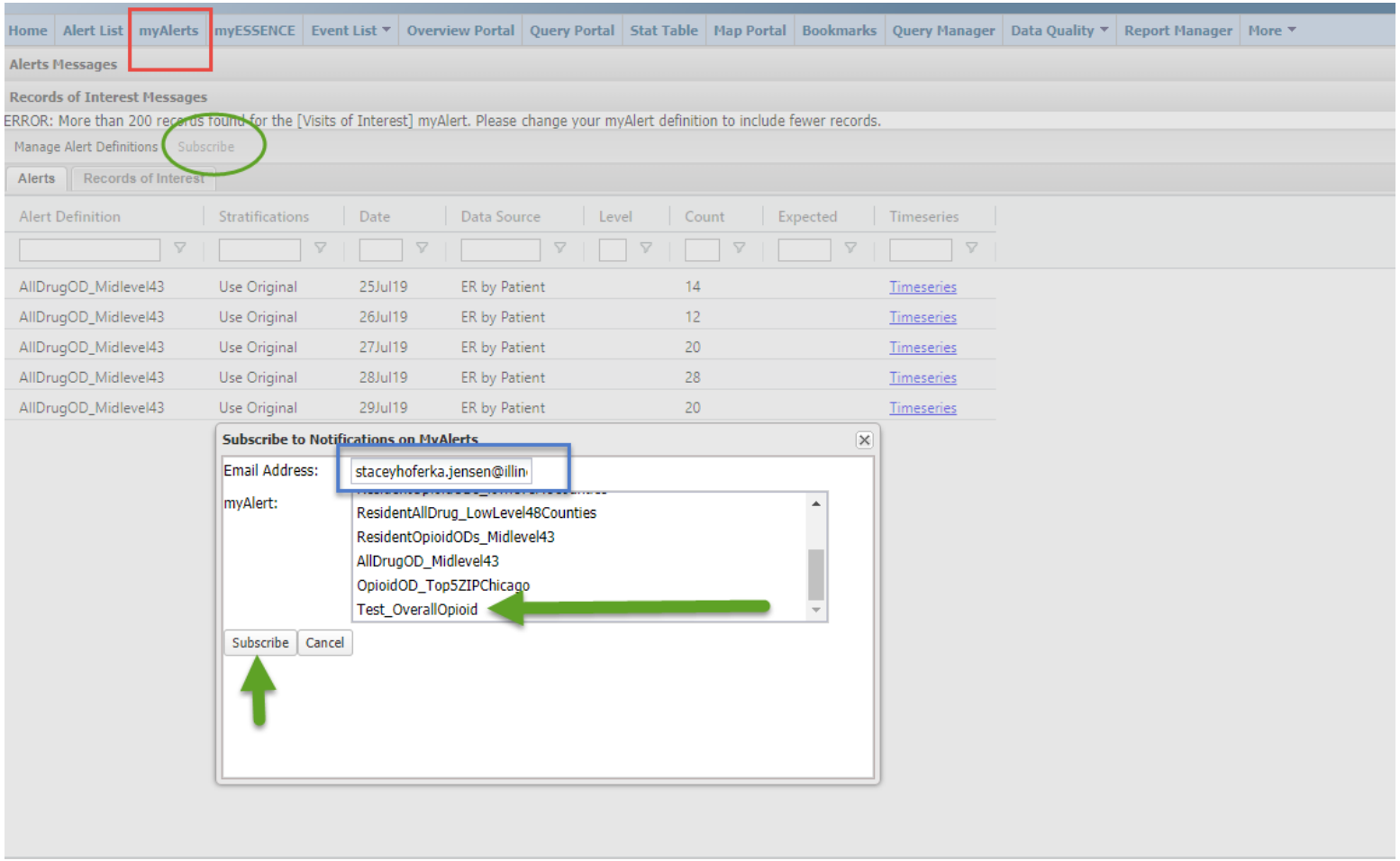
Subscribe to email alerts



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Alert – Evaluation and Consideration

- Internal
  - Cause or common exposure or source
  - Geographic clustering (ZIP codes or hospitals)
  - Unusual symptoms (Coagulopathy)
  - Demographics
- External
  - Additional information gathering
  - Data partners
    - Hospital
    - EMS
    - Fire
    - Police
    - HIDTA
    - Poison Control
    - (IDPH) other neighboring states

- Data analysis – not full picture of “Cases”
- Data quality
- Spatial granularity
- Frequency of alerts, monitoring – by burden
  - Guidance on baseline and threshold
- Importance of other substance/all drug burden
- Timing of data reported

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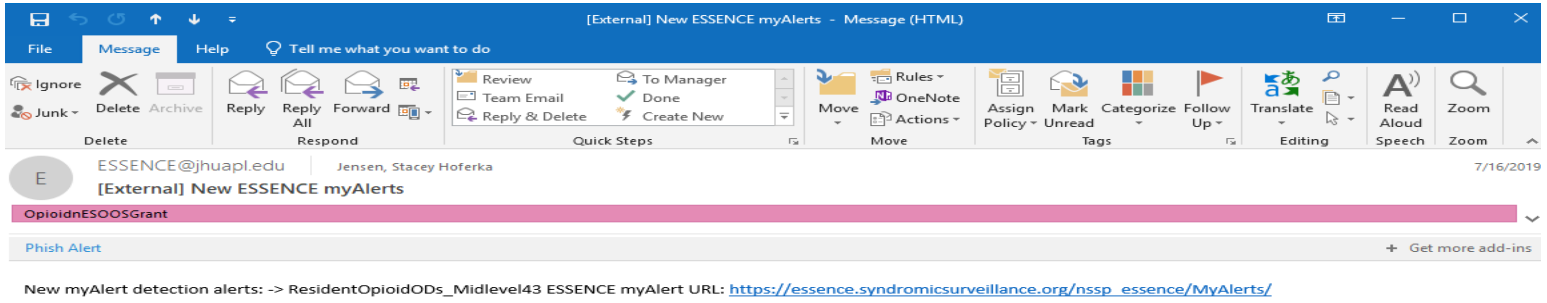
Recent Example

- Mid-level activity increase
  - Email notification
  - Evaluated exposure / geography
  - Contacted partners
  - Contacted other states
  - Daily evaluation



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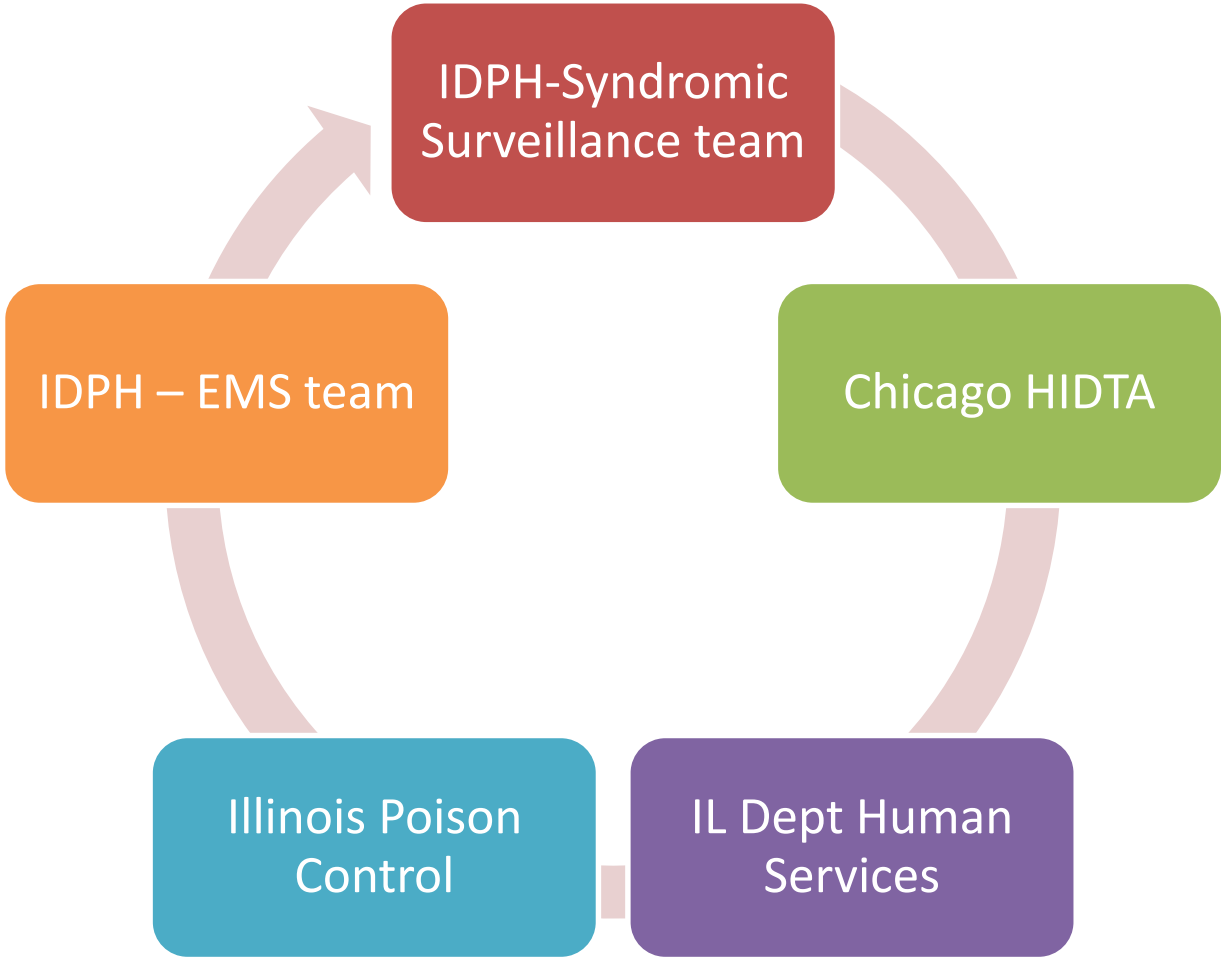
Collaborations – State



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Advantages of Funding LHDs

- Prior Lack of Awareness of Surveillance data
  - "lots of no data comments"
  - Opioid Data Dashboard https://idph.illinois.gov/OpioidDataDashboard/
- Engagement between LHD and IDPH
  - Local first outbreak management
  - Local partnerships
  - Meaningful Interpretation of localized trends
- Future peer-to-peer mentors

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Lessons Learned – Future work

- Investigations of morbidity – Toxicology
- Substance detections
- Coroner – Local by county vary, not consolidated easily
  - Text search of death certificate literals – limited
  - Lag in IL Vital Records
- Southern jurisdictions were not targeted for grantee recruitment
- Individual level Case follow-up / case management for treatment

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IDPH Contact info

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Peer Presentation Question and Answer Session

OD2A Technical Assistance Center

Unmute by pressing *6 or type in the chat box

COVID-19 Peer Discussion

OD2A Technical Assistance Center

Unmute by pressing *6 or type in the chat box

How is COVID-19 impacting our work?

Big issues for discussion

- Suggestions for interpreting data, analyzing data during this time?
  - Shifts in total ED visits?
- Limitations in the data?
  - County-level changes/data feed delays resulting from COVID?
- What are you learning from EMS?
- What have you heard from public safety colleagues?
- Differences in fatal vs nonfatal ODs?
- Overdoses involving specific substances? Methadone?

Save The Dates

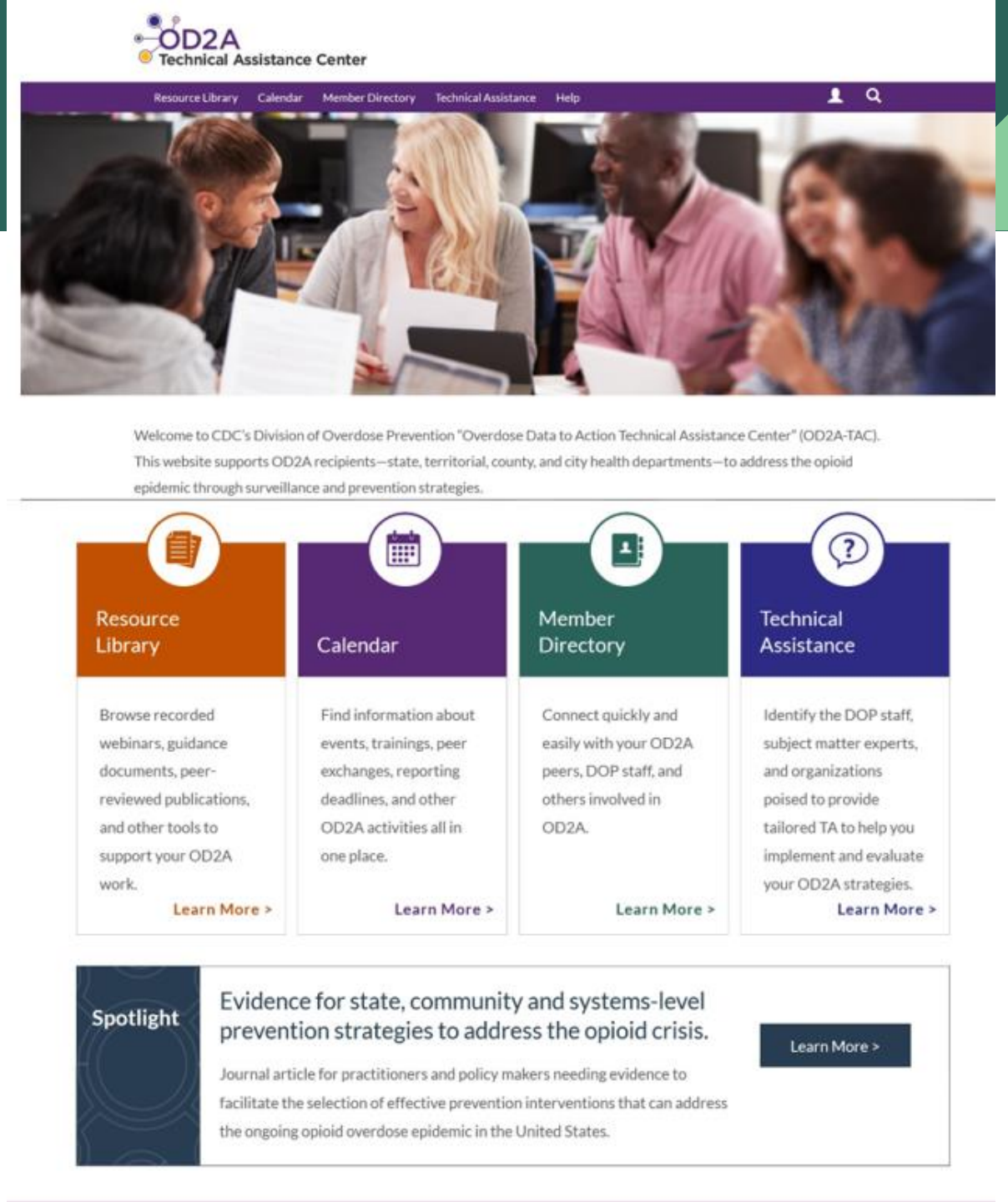
Thursday August 20, 2020

3:00pm – 4:30pm ET

Thursday November 19, 2020

3:00pm- 4:30pm ET

OD2A-TAC



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Survey

https://www.surveymonkey.com/r/OD2A_Peer

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THANK YOU!

Send a message to: OD2A-TAC@icf.com